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Handbook of Postpartum & Infant Care

Madigan Army Medical Center
Tacoma, Washington 98431

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INTRODUCTION

This booklet has been prepared for you for the postpartum period and the first year of your baby's life. Keep it in a handy place when you get home. You will find it useful in time of need and a helpful reference source of phone numbers, immunization schedules, feeding programs and home management of common problems which may occur to you and your baby during this important time in your lives. Read through the booklet during your stay in the hospital. If you have questions concerning yourself or your baby, don't hesitate to ask your doctor or nurse for help in answering them. Regular classes are conducted during the postpartum period in the hospital. This is another appropriate time to clear up questions you may have and to receive instructions which will help you and your baby.

Chief, OB – GYN Department
Madigan Army Medical Center

Chief, Pediatric Department
Madigan Army Medical Center

INFANT CARE

Useful Telephone Numbers

To make or change an appointment for a well child call: Central Appointment, 967-2251

To make or change an appointment for a sick child call: Pediatric Appointment Desk, 967-6946.

For problems with your infant and routine information regarding infant care during duty hours call:

Well Child Clinic	967-7928
Army Health Nurse	967-4841/5312
After normal duty hours call Newborn Nursery	967-6878

To make or change a GYN appointment for yourself call the Central Appointment Desk, 967-2251

For unusual complications such as fever, chills, excessive bleeding, breast difficulties call:

Day:	OB – GYN Clinic	967-7962
Weekends and nights:	Delivery Ward	967-6739

Poison Information:

Any time of day
or night 967-6972

PART I - POSTPARTUM INSTRUCTIONS

The following information is offered to help you and our nursing staff take good care of yourself and make you as comfortable as possible while you are with us. However, if there is something we have omitted, or if you need help, be sure to ask any of the nurses at any time. You need plenty of rest, some exercise, a balanced diet and careful care of your breasts and those uncomfortable, but sometimes necessary stitches.

The doctor will be around to see you daily, Monday through Saturday and on Sunday at about 0600 hours. Family Practice patients will coordinate with their own doctors as to their rounds. You are to remain in bed during doctors' rounds. Bring any problems you have to the attention of the doctor. Make a list of questions if you wish. If your hospital stay is uncomplicated, you will be examined on the day you go home, usually the second or third day after delivery. Please call the person who is taking you home the morning of discharge after you have been examined by the doctor and have been told that you will go home that day.

STITCH CARE

Wash your hands thoroughly before, as well as after, using the restroom. Fill your "peri-care" squeeze bottle with warm water. Remove the soiled pad, wrap it securely in paper towels provided in each bathroom and put it in the wastebasket. Please do not drop them in the toilet. After urinating lean back on the toilet seat and squirt the warm water over the stitch area, then using the toilet paper, wipe or pat dry from the front to the back and drop the paper in the toilet. Use as much paper as you need to dry yourself, but use each piece only once over the stitched area.

Heat on the stitch area makes it feel better and hastens healing. Use the reading lamp at the head of your bed whenever you wish. About four times a day is usually sufficient. First, go to the toilet and follow the stitch care instructions above. Then place the lamp about six inches from the stitches. The nurse or attendant will show you how. Leave it on for about twenty minutes. You may continue to use a lamp after going home. Any ordinary lamp with a forty watt bulb will do. On the morning of discharge please use the heat lamp when doctors are making rounds so the doctor can examine the stitches. Sitz baths may be taken for stitch or hemorrhoid discomfort.

BREAST CARE

Whether you nurse your baby or not it is most important that you keep your breasts well supported at all times, as you will be much more comfortable and your breasts will undergo less stretch-

ing and loss of support. Be especially careful about keeping your breasts and nipples clean and dry.

A good supporting bra should be worn both day and night. Shorten the straps so that your breasts are well supported. Put on a clean bra each morning, more often if it becomes damp. The plastic liners should be removed as they hold in moisture and if your breasts are not allowed to dry, they may become irritated and sore. This can lead to considerable discomfort and they might become infected.

All mothers should shower daily before the feeding. Nursing mothers should never use soap on the nipples or the dark area around the nipples as soap removes the natural oils that help prevent drying and cracking of the nipples.

Your milk will come in between the third and the fifth day. Your breasts may become engorged swollen and painful. This condition, which usually lasts from 24 to 36 hours may be eased if you are breastfeeding by nursing the infant frequently. Soaking your breasts in warm water may also ease the discomfort. If you are not breastfeeding, ice packs placed on the breasts may help.

DIET AND FLUIDS

Unless the doctor has you on a special diet, order whatever you like from the menu. Drink plenty of liquids. Nursing mothers should drink at least a quart and a half of milk daily. Some of the milk may be incorporated in various prepared dishes. Meals are served at approximately 0700, 1200 and 1700. Supplemental fluids - milk, juice, etc, are available at the nurses' station at all times.

BOWEL FUNCTION

Try to establish a regular bowel elimination as soon as possible. You can do this by drinking plenty of liquids, eating a well balanced diet and going to the bathroom at the same time each day. For most people this is right after breakfast. A mild stool softener is given to all new mothers.

SHOWERS AND SHAMPOOS

You may take a shower and wash your hair as soon as you feel strong enough. There are no contraindications to taking a daily shower.

REST AND EXERCISE

The ward nurse will give you a Postpartum Exercise Sheet. These exercises will help considerably in getting your figure back to normal. The exercises should be started while you are still in the hospital. If you have any questions regarding the exercises ask the nurse. Do not sit with your legs crossed and do not sit in one position too long as this interferes with the blood circulation of your legs.

Once you are discharged and are required to care full time for your new baby (and often for other older children as well) you will find that adequate rest is difficult to obtain. Use these few days in the hospital to gather your strength by getting as much rest as possible. Observe the "lights out" rule and get a full night's sleep. Nap or rest at intervals during the day.

WARD CLEANLINESS

Please help us keep the ward and the bathroom tidy by putting all your trash in the waste baskets, all soiled linen in the linen hamper, etc. As soon as you are able, we would like to have you make your bed and tidy your bedside table each morning, so that your room is neat at all times. The most frequent complaint we have from our patients has been that the bathroom facilities are untidy. Upon investigation, we found this is due to patients not utilizing disposal facilities in the bathroom. Remember – this is your home for the few days you are with us. Please use the same consideration for others that you expect in your home.

CONDUCT ON THE WARD

For the comfort, happiness convenience and safety of everyone, some rules are necessary.

Any time you are out of bed and about the ward during the day, be sure your robe and gown are not soiled. Our facilities do not permit doing personal laundry.

No smoking is allowed on the unit. This includes private rooms, bathrooms and lounges.

VISITORS

Fathers are permitted to visit between 10:00 am and 9:00 pm. If they are present when the infant is in the unit they must scrub. If the baby's father is away, then one person (relative or friend) may be designated as your official visitor. Mothers who are in Ward 2 are permitted to have other visitors 6:00 pm to 8:00 pm Monday through Friday and 1:00 pm to 10:00 pm Saturday and Sunday.

The only children permitted on the unit are the brothers and sisters of the new baby - **no other children will be allowed on the ward.**

ROOMING IN

Rooming in is available at Madigan. This means that **if you wish,** your baby may stay with you in your room from 5:00 am to 9:00 pm. We feel that having your baby next to you will be a satisfying experience for both of you.

Whether this is your first baby or your fourth, you will probably welcome the opportunity of getting acquainted with your newborn. A "rooming in" system is ideal for this, as it gives the father an opportunity to participate as well. Fathers are welcome and encouraged to visit and handle their infants throughout the day.

However, it is important to understand that newborn infants are more susceptible to certain infections than older children, so whenever Dad comes for a visit, he is to wash his hands for **three minutes** with the special soap provided. Mothers must also wash their hands thoroughly before handling the baby for feedings and after diaper changes.

Nurses will be available at all times to assist you with the care of your baby and to teach you how to care for your newborn.

The pediatrician will perform a thorough examination of your baby in the nursery prior to his coming to you.

One important point: if you do not wish to have your baby with you during the day, or if you become tired during the day and wish for us to care for your baby in the nursery, we will be happy to do so. Rooming in is not mandatory.

We are here to help you in any way we can to make this a happy and satisfying experience for you and your new family.

CIRCUMCISONS

If you have a baby boy, he may be circumcised while you are in the hospital, if it is your desire. Either you or your husband must sign a permit for the operation, if you want it done.

PHENYKLTONURIA (PKU)

A blood test for PKU will be performed on your baby on the day of discharge.

WELL BABY AND POSTPARTUM APPOINTMENTS

Appointment slips for you and your baby will be given to you before you are discharged. An outpatient chart will be prepared for your baby so that all you need do is report to the clinic at the proper times. You must call and schedule your own four to six week checkup. Please notify the appropriate clinic if you are unable to keep either of these appointments for any reason. A menstrual period is not reason to cancel your appointment for your six weeks checkup. When you come to the GYN clinic for your postpartum checkup do not bring your baby with you.

LEAVING THE HOSPITAL

On the day of discharge you may leave the hospital after the doctors have given you and your baby your last examination.

When you are being discharged from the hospital both yours and your baby's control card will be given to the person who takes you home. That person will take the card to the Central Clearance Office, pay your bill and return the receipt to the nurse on Ward 2 before you leave the hospital. If the baby is being discharged, his control card should be picked up at the Nursery and taken to the Central Clearance Office with the mother's card.

YOUR HOSPITAL BILL

Army regulations require family members to pay a per diem charge while hospitalized. You are charged for each day you are hospitalized, except the day of discharge. This charge is an all inclusive charge for hospitalization. Check with the Admission and Disposition Office, Ramp 6 (Clinic Area) for current rates.

There is no charge for the baby when the mother is also in the hospital. The average hospital stay for delivery is two to three days. All accounts must be paid as follows:

1. If remaining in the hospital on the last day of the month, your account is due and payable to that date. Balance of the account is then payable on the day of discharge.

2. If discharged prior to the end of the month, the entire amount is due and payable on the day of discharge.

3. All accounts will be paid at the Central Clearance Office in the Admission and Disposition Office, Ramp 6 (Clinic Area).

BIRTH CERTIFICATE

While a patient on Ward 2 you will be contacted by a Clerk from our Patient Administration Office for the information needed to complete the birth certificate.

Photostatic copies of the official certificate of birth are available at $3.00 per copy from the Bureau of Vital Statistics, 3629 South D Street, Tacoma, Washington 98408, telephone 593-4181.

INSTRUCTIONS TO FOLLOW WHEN YOU RETURN HOME

For the first three weeks avoid activities that require strain, such as heavy lifting, pushing, climbing stairs rapidly, driving in traffic, and traveling distances that require more than one hour of driving time.

Take a nap each day for the first two or three weeks, if at all possible. Plan to spend two weeks at home, if possible. Omit unnecessary housework during this interval. Limit visiting and visitors

for two or three weeks, as this is tiring and it increases the chances of exposure to colds, etc, to you and your baby.

Continue to follow a well balanced diet at home, with plenty of meat, milk and eggs. Drink plenty of liquids each day to include water, juice, and milk.

Ordinarily showers or tub baths may be taken as desired. Washing your hair is also permitted.

Cleanse your stitches with warm water. After cleansing, use a lamp with a 40 watt bulb just as you did in the hospital. Repeat this cleansing and heat treatment four times a day for about two weeks or until the stitches are no longer tender.

Continue taking the iron tablets that you were given in the Obstetric Clinic until the six weeks postpartum checkup.

Remember, no douching until after your six weeks checkup and most important, DO NOT TAKE A DOUCHE THE MORNING YOU REPORT FOR YOUR SIX WEEK CHECKUP. You may have sexual intercourse when your stitches are comfortable, usually within four weeks, unless the delivery was complicated.

Continue to wear a good brassiere both day and night as long as you are nursing the baby and if not nursing, until your breasts have become soft and are not tender. Do not wear plastic shields in your brassiere.

Brownish discharge may continue for several weeks. This is normal. However, report any vaginal bleeding which is heavier than a normal period. Menstrual periods can return any time after delivery and the first period may be somewhat heavier than normal. Usually the first period occurs about six weeks after delivery, or after you have stopped nursing the baby. Remember it is possible for you to become pregnant whether your periods have begun or not.

If you should have to be rehospitalized due to further complications such as inflamation of the breasts, excessive bleeding, etc, do not bring your baby with you. There are no facilities for boarding well babies.

PART II - INFANT CARE

INTRODUCTION

Basic to the care of your infant are two things: love and common sense. The Pediatric Department will assist you by preventing disease, explaining things about your baby that may worry you as well as diagnosing and treating illness. A pediatrician will examine your baby carefully on the day of birth and will talk to you at that time concerning your baby. A pediatrician will re-examine the baby, usually with you present to discuss and answer your questions. A pediatrician visits the nursery every day to check on the progress of all the infants and is available in case of emergency.

GENERAL DESCRIPTION OF NORMAL NEWBORN INFANTS

The newborn infant may be plump or thin, have plenty of heavy black hair or a bit of blond fuzz. The head seems enormous compared to the body; shoulders are narrow, the abdomen large, the legs short and bowed. The skin has a reddish hue; mottling is common; a harmless yellow jaundice a few days after birth soon disappears; many dark skinned babies have slate blue areas on the back or buttocks which fade away in a year or so. The gray blue eyes of light skinned babies may change color in a few months. If the head is odd shaped due to birth molding, it soon straightens out. Babies lose a few ounces of weight before beginning to gain, and will look quite different in just a few days.

Do not be afraid of your baby. He is not fragile, you will not hurt him with gentle handling and he will thrive on your love and attention.

THE CARE OF YOUR BABY

Classes which will assist you in taking the best care of your baby are offered daily on the ward. Please attend all classes, even if you are an experienced parent. Medical and nutrition information will be up-to-date and can spare you unnecessary worries. The anxiety which many mothers feel about taking their babies home is often due to lack of knowledge. Feeling confident about feeding, bathing, and caring for common problems, such as colds, is one benefit of going to these classes. Another is learning the "how" and "where" of utilizing this medical center. Then, too, you will meet

some people who can be helpful to you – ward nurses, Army Health nurse and Well Child Clinic nurse.

Home visits by the Army Health Nurse or a civilian Public Health Nurse are encouraged for all mothers having a premature infant, their first baby or mothers who had medical problems during pregnancy or delivery. If you desire a Health Nurse to visit, tell the Rooming-In Nurse or call the Army Health Nurse's Office, 967-5312, your first day home from the hospital.

The main object of the information to follow is to serve as a guideline for the mother taking care of a new infant. Modifications are made to meet the needs of each individual infant.

CHOICE AND SCHEDULE OF FEEDING

Each infant is different and will have his/her own sleep and feeding patterns. Smaller babies will usually take smaller amounts and feed frequently and larger babies will need larger amounts. Young infants need feedings round-the-clock every 2 to 4 hours for many weeks. Most will have one long stretch of about 6 hours of sleep by 2 to 3 months. Most new parents find this period the greatest change in life style they have ever experienced.

Whether you choose breast or formula feedings, it is important to make sure to provide good nutrition, an enjoyable feeding experience and close relationship, and protection from the infections to which babies are susceptible.

BREAST FEEDING

Breast feeding is ideal in all these ways and for many mothers is a happy and very special experience. Even if breast feeding is planned for only a short time, it is well worthwhile. Young infants have very special nutritional needs because of their rapid body growth and particularly fast brain growth. Every important food factor must be supplied and in adequate amounts. Due to misinformation or unwise choices in trying to stretch the food budget, some parents risk their infant's health and development. Let us help you with these important matters and, if problems arise, check back with us.

Breast milk is a complete food for the infant and is well suited to the immature digestive system. It is clean and fresh and also contains many substances which help baby's body to resist infection. The closeness of the nursing experience helps form a special bond between infant and mother. However, it usually requires at least several weeks of feeding every 2 to 3 hours and does limit outside

activities. It can be continued after the mother returns to work, usually with some daytime supplements.

On the second to fourth day after labor the breasts become larger, firmer, and more painful, indicating the onset of milk flow. On pressure, a small amount of bluish milk can be expressed from the nipples. You, the breast feeding mother, may experience a feeling of weakness and headache. At the same time you may also have throbbing pains in your breasts, which may extend into your armpits.

The technical aspects of breast feeding require careful consideration. The important factors are to keep the nipples dry and clean.

Stimulation is essential in establishing an adequate milk supply. The only known satisfactory stimulus to the flow of milk is regular and complete emptying of the breasts. When the breasts are not emptied completely by the infant during the early days of nursing, they may be emptied regularly by manual expression.

The first two weeks is the crucial time for the establishment of breast feeding. Early supplemental milk feedings are generally discouraged. It is easier for the infant to get milk from a bottle than from a breast. In most instances the breast fed infant should not be given a supplemental formula before the fifth day and many not before 10 to 14 days.

When attempting to nurse the infant, the infant should be hungry, dry and comfortably warm. He should be held in a comfortable, semisitting position for his enjoyment and for allowing burping without regurgitation. For the mother, a comfortable chair with a back and arm rest is recommended for sitting during feedings. A low footstool to support the feet may be helpful. Cradle the infant with one arm, permitting the nipple to contact your baby's mouth. With your free hand depress the breast from his nose so that he can breathe. Stroking your baby's cheeks and mouth with your nipple will stimulate him to turn his head and open his mouth. The nipple should be well inserted in the baby's mouth, so that his gums press down on the surrounding darkened area rather than on the nipple itself. To remove the nipple from the baby's mouth, you should insert your finger in the corner of the baby's mouth to break the suction before you attempt to pull the nipple away from the baby. This prevents injuring the nipple.

On the first day that you have your baby, do not nurse him longer than three minutes on each breast and gradually increase the nursing period. When both you and the baby are well established in

breast feeding, the maximum nursing time should be from twenty to twenty five minutes.

After the milk supply has been well established it is avisable to offer both breasts at each feeding, alternating the one offered first.

At the end of the nursing period the infant should be held erect over the mother's shoulder or sat up with support leaning forward slightly in order to burp swallowed air.

AFTER THE BREAST MILK IS ESTABLISHED

A mother may wish to substitute one bottle a day for a breast feeding. By so doing, the mother can have more freedom in her activities and the baby will become familiar with the bottle which will make the weaning process easier. It is important to remember that breast milk is digested faster than formula, consequently, the breast fed baby usually will want to eat more often than the formula fed baby. During the first few weeks, a feeding "schedule" of 2-3 hours is considered normal for a breast fed baby. Also, there will be times when your baby will indicate a need for an increased supply at each feeding. These times usually occur at approximately 2-3 weeks, 6 weeks, 3 months, and 6 months and will be indicated by your baby wanting to nurse very often and not at all on his established pattern.

WEANING

When breast feeding goes well, more and more women are continuing to nurse for 6 months to 1 year, occasionally longer. We advise weaning to prepared infant formula, as this is closest to breast milk. If the infant is 6 months or so, it is often possible to wean directly to a cup; if younger, a bottle will be necessary. When possible, allow a few weeks for weaning for the comfort of both mother and baby. Initially, one breast feeding is replaced by a cup or bottle of formula, then every few days another is replaced, until the baby is completely weaned. If any other major changes, such as moving, are to occur, it is best not to wean just at the same time, but before or later. Foods other than prepared formula are not equivalent to breast milk and do not replace it at weaning. Fresh milk is not a good choice before the first birthday.

MOTHER'S DIET

The nursing mother may see her appetite and consumption of food increase, to replace these nutritional elements which the baby takes away in the milk. Large amounts of calcium, for example, are needed by the baby to help build his bones. You can replace this by drinking as much milk as the baby takes from you plus some additional for your own needs - an average of a quart to a quart and a half per day. If your weight is a factor, the calcium can be obtained in skimmed milk, cottage cheese or dietary supplements. If you don't like milk, you can substitute calcium tablets.

You should eat a well balanced diet each day - meat, poultry, fish, or eggs to satisfy protein needs; leafy green or yellow vegetables, salads and fruits for minerals and vitamin C; certain foods or bread for B vitamins. The amount of energy food (sugar, starches and fats) will depend on your weight situation. More should be taken if it is desired to gain, less if it is desired to lose weight, gradually. Avoid gas forming foods such as the cabbage family, beans, onions, etc. All drugs should be used with caution, as many are passed to the baby in the milk.

BOTTLE FEEDING

Bottle feeding is preferred by some women and allows the husband to participate in early feedings. In principle, this is the same as that described for breast feeding. The infant should be hungry, fully awake, comfortably warm and dry. The bottle should not be propped even in a "safe" holder, since this deprives the infant of the comfort and security he can get only from being held. It is dangerous, particularly in a small baby, to leave him unattended even momentarily with a bottle in his mouth. The bottle should be held so that milk, not air, is channeled into the nipple.

Your baby's formula need not be sterilized as long as you are using city water. Water from the tap (faucet) can be used to mix formula. However, bottles, nipples, can opener, glass jar, and measuring cup should be washed in hot soapy water and rinsed thoroughly before adding the formula.

You may prepare either 1 day's supply of formula or 1 bottle at a time. Each bottle should contain just a little more than the baby usually takes at a feeding. Discard any formula left in the bottle.

The refrigerator is the best place to store the bottles of formula you prepare. Open cans of formula and prepared formula for your baby should not be kept in the refrigerator any longer than 48 hours before use.

The bottle of formula is fed at room temperature. The holes of the nipple should be such a size that the milk will drop slowly. Burp

your baby during each feeding and after each feeding in order to bring up the swallowed air which can cause him great discomfort. Lying on the abdomen or right side after feeding and burping makes it easier for the stomach to empty into the intestine. All babies will at times regurgitate or "spit up" a small amount of milk after feeding. It occurs more often in formula fed than in breast fed infants.

WEANING FROM BOTTLE MILK

Weaning a baby from the bottle may take place between six and twelve months of age. This is a gradual process. Offer the baby formula or juice from a cup in place of a bottle during the daytime. Gradually decrease the number of bottles the infant takes daily over a period of a month or two, keeping the night bottle as the last one to be eliminated. Continue to use prepared formula (made in the cup) until the first birthday.

SOLID FOODS AND VITAMINS

There is no advantage and there are disadvantages in adding solid foods to the very young infant's diet. They are less nutritious, more expensive, and may cause allergies. Either breast milk or prepared infant formula alone provides complete nourishment until the infant is 3 to 6 months of age.

You will receive help in planning your baby's diet at your Well Child Clinic visits. Usually the first food started is rice cereal, at 3 to 6 months. Start with one teaspoon of dry infant cereal, mix with formula, and offer this once or twice daily. Gradually increase the amount offered.

Extra vitamins are unnecessary. There is an ample amount for the full term infant in breast milk or prepared infant formula. Fluoride drops, which help make stronger and decay-resistant teeth, will be given to you at the first Well Child Clinic visit. The dose is one drop once a day, preferably given in a little liquid.

SCHEDULE FOR ACTIVE IMMUNIZATIONS

It is important for your child to have his immunizations as close as possible to the following schedule so that the likelihood of developing serious childhood infections will be reduced to a minimum. The series can be started in the Well Child Clinic and completed in the Immunization Clinic if you so desire. Please bring your Immunization Record with you for each clinic visit.

The diseases for which your child should be immuzined are Diphtheria, Whopping Cough (Pertussis), Tetanus, Poliomyelitis, Measles (Rubeola), German Measles (Rubella), and Mumps.

2 Mo.	DPT # 1, Oral Polio
4 Mo.	DPT # 2, Oral Polio
6 Mo.	DPT # 3, Oral Polio
9 Mo.	Tuberculin Test
15 Mo.	Rubeola, Rubella and Mumps (M.M.R. Shot) (Make appt. for above when 14 mos. old)
18 Mo.	DPT and Oral Polio Boosters

If you have questions concerning the immunizations, please call Well Child Clinic 96-76282 or Immunization Clinic 967-6751

THE HIGHWAY EPIDEMIC

THE FACTS: Highway accidents are the leading cause of deaths of children from the ages of 1-14 years — 6,000 in every year, and with the present trend, this number will be exceeded in following years. Injuries occur to children hit by cars and trucks while playing in or near the street. However, in most instances, deaths and permanent injuries occur with a child as a passenger in an automobile. A sensible approach to the problem is to make the automobile ride safer by using the proper restraints.

WHAT ABOUT SAFETY BELTS FOR CHILDREN? Certainly, safety belts have prevented injury and saved lives; however, small children need special protection. Family surveys in the Fort Lewis and McChord area disclose that the vast majority of infants and small children still ride in automobiles either inadequately "packaged" or not restrained at all. Some mothers believe that they can prevent a child sitting beside them from being injured by extending the arm in moments of danger. This may be true when braking, however, it is **impossible** in a crash.

With an impending crash, it is much safer for the operator to keep both hands on the wheel in order to maintain maximum control of the car, to minimize injury. The knowledge that the children are safely restrained can be helpful in avoiding accidents.

MOTHER'S LAP IS NOT SAFE. Although the most secure place for a small child may ordinarily be his mother's arms, this is not so in an automobile. In a collision, the child may be crushed between the adult and the vehicle interior. Even if the adult is wearing a combination lap and shoulder belt herself, the child would be wrenched from her arms by collision forces and possibly ejected through the windshield, a window, or door.

A seat belt must NEVER be used to restrain both an adult and a child on her lap. In a mishap, the weight of the adult would press the belt into the child's abdomen — with grave consequences.

Even on his first car ride, the drive home from the hospital, the newborn infant should be transported in an effective safety device.

STANDARD SEAT BELTS ARE NOT FOR YOUNG CHILDREN. Standard safety belts should not be used for children under the age of four, weighing less than 40 pounds. Lap belts alone exert too much pressure on the abdominal area of a small child, and may therefore cause injuries in a crash. If the belt **must** be used because nothing else is available – risk of injury can be reduced by using a small pillow between the seat belt and the child which will reduce the likelihood of abdominal injury in a severe crash.

WHAT TO BUY AND WHERE

An infant car carrier is a specially engineered reclining seat with ample cushioning to protect both the head and body. The ordinary baby carrier for household use does not do the job. Since some type of protective device will be needed until the child is 4 years old, many families purchase a convertible model which will be useful both for the infant and for the child who sits up for the ride.

These models can be found at the post exchanges, juvenile department and discount stores, and many auto dealers.

Some of the carriers that have been found satisfactory in simulated crash tests are listed below:

Carrier Model No.	Manufacturer	Child's Weight
Boby Mac 2-in-1	Collier Keyworth	7 - 35 lbs.
Bobby Mac Deluxe	Collier Keyworth	7 - 40 lbs.
Infant Love Seat	General Motors	7 - 20 lbs.
Safety Shell #75	Peterson	7 - 43 lbs.
Trav-L-Guard	Century	7 - 43 lbs.
Wee Care #597	Strolee	7 - 43 lbs.

Before purchasing a carrier, measure the space where you intend to put it and check the length of your seat belts. Some car-

riers require the use of a top anchor strap (fastened to an additional set of belts or bolted to the rear window ledge). Make sure you can install this type in your car.

FOR OLDER CHILDREN (over 4 years old and over 40 pounds), standard seat belts may be used. A booster cushion will allow the child to "see". The shoulder harness should NOT be used until the child is at least 55" tall. Severe injuries to the face and neck have occurred when shoulder harnesses were used by children not tall enough.

The decision to restrain your child safely while traveling in the family car is up to you. It is our sincere hope that you will make the RIGHT decision.

ACCIDENTAL POISONING

Accidental poisoning of children occurs at least 2,000,000 times each year in the United States. Infants from a few months of age on will put almost anything into their mouths. Learn what is harmful in and around your home and make it a practice to keep hazardous household products, petroleum products, pesticides, and medicines, **out of sight and out of reach**. If a poisoning occurs, don't panic — call the Poison Information Center in the Emergency Room at 967-6972. You may also call Pierce County Poison Information Center at 272-1281. Also, keep a bottle of Syrup of Ipecac handy. Syrup of Ipecac is helpful when used as directed to induce vomiting. Syrup of Ipecac is available at the pharmacy and in the Well Child Clinic. Remember, the iron tablets you were given in the Obstetric Clinic and are to continue taking until your 6 weeks postpartum check are very deadly if ingested by a child. Children's vitamins containing iron can be equally dangerous or fatal. As little as 35 chewable children's vitamins with iron have been fatal if the child ingests them all at once.

WELL CHILD CLINIC

The Well Child Clinic is designed to help you provide a healthy enrivonment and good nutrition for your baby and to guide you in promoting the best possible mental, emotional, and physical development. Careful physical examinations can find problems early, when they are most easily treated. Well Child Clinic staff are also prepared to help you find other resources which you may need; such as, home visits by health nurses or the WIC Community Infant and Mother Food Program. Any of your family concerns is our concern. The Well Child Clinic is staffed with pediatricians and nurse clinicians.

In addition to the regular clinics, special visits are arranged for infants who were in the Neonatal Intensive Care Unit and for other

infants needing special attention. During the baby's first month of life, all problems and questions may be directed to Well Child Clinic during regular hours.

The clinic policies have been established to provide the most personal and best pediatric care possible within the limitations of space and manpower. It is important to keep your appointment on time so that all patients may receive the necessary attention. If you cannot keep the appointment, please re-schedule through Central Appointment (967-2251).

IMPORTANT: Only the patient is allowed in Well Child Clinic. Care for older children is available at the Ft. Lewis and McChord Day Care Centers.

GENERAL INFORMATION

The eyes of the new baby are poorly controlled. They may roll up or down; they may cross; they may not even go in the same direction. This will improve slowly during the first few months of life.

The newborn sneezes frequently. This is the only way a baby can clear his nose.

The breasts of a full-term infant of both sexes are frequently swollen and may discharge a thin, whitish, fluid quite like that which you have when your milk first starts to come. Avoid manipulation of the breast. No treatment is necessary.

Keep the cord area clean and dry. Swabbing the skin around the cord stump with alcohol each and every diaper change will help to promote faster drying. Avoid pinning the diaper in such a way that it rubs across the cord. When the cord falls off, there may be oozing of blood from the cord base or stump. If this should occur, merely continue swabbing the area with alcohol about three times daily and keep it clean. Sometimes there is no bleeding when the cord first falls off, only to have some bleeding occur a few days later. If this should happen, again use the alcohol as previously directed. "Belly binders" or abdominal binders are not to be used. They collect dirt, retain moisture from the urine and can produce an infection in the unhealed cord area.

In some baby girls a bloody vaginal discharge that looks similar to the menstrual flow may occur. No treatment is necessary for it will stop by itself.

If you have your son circumcised you will notice there is a plastic ring tied into the tip of the penis with a string. There will be a slight discharge around the ring. Cleanse this area as often as necessary with plain water. Do not apply oils, creams or ointments to the penis without specific directions from the pediatrician. The plastic ring will fall off in 6 to 8 days.

If the baby boy is not circumcised no treatment is necessary. We do not recommend retracting the foreskin.

Due to poor blood circulation to the hands and feet, they feel cool and appear to be somewhat blue. This will improve in a few weeks. Putting extra clothing on the baby only serves to make his whole body uncomfortably warm.

BATH TIME

You may give your baby a tub bath when the cord has fallen off and the base is dry. For boys the circumcision should be well healed. Prior to this, a sponge bath is sufficient.

It is not advisable to use perfumed soap, oils, lotions, salves and powders on the baby. The infant's skin is quite sensitive and many such products can produce skin rashes.

There is no one right way to bathe a baby, yet there are certain things that you can do which will make bath time easier and better for you and your baby. First, wash your hands. Assemble bath equipment, change of clothes, and receptacle for soiled clothes in a convenient area, arrange the windows and doors so as to avoid drafts, and have the room comfortably warm (about 75 degrees). The bath water should be comfortably warm to you when you test it on your wrist or elbow prior to putting the baby in it. When you handle your baby, do so gently but firmly so your baby will feel secure in being held. Support his back and head until his muscles are strong enough for him to hold up his head without support.

As for the time of day, whatever suits your convenience is fine as long as it is not within an hour after feeding or so close to feeding that the baby is hungry. When giving a tub bath, suds the baby on the bath table or mother's lap before he goes into the water, but use only clean water without soap on his face. About two or three times a week is often enough for a shampoo. Eyes, ears, nose, and mouth need no special cleaning; a bit of moistened cotton will rinse dried mucus from the lower nostrils; never probe the nose or ears.

COMMON PROBLEMS IN INFANCY

REGURGITATION AND VOMITING. Infants may spit up due to over feeding or failure to expel air from the stomach through burping; however, the most common cause for spitting up is related to the anatomy of the infant rather than a digestive problem. The food tube (esophagus) connecting the mouth to the stomach is immature. This is very loosely closed after swallowing so that any movement or normal churning of the stomach may cause part of the stomach

contents to be "spilled over". It almost always looks like more than it really is, and the fact that it is sour or curdled is a result of the action of stomach acid on the milk. Some occurs in virtually every baby and if the baby gains weight normally, it is of no concern.

NOTE: If the milk returns with force, in large amounts and the infant retches, this is considered vomiting. This should be brought to the pediatrician's attention.

HICCOUGHS are natural following feedings. The dilatation of the food tube (esophagus) which occurs during feeding causes irritation of the diaphragm and this stimulates the phrenic nerve, resulting in the sudden contraction of the diaphragm. They usually last a short period of time but there is no need to be concerned.

COLIC is characterized by a periodic recurrent crying, often occurring the same time of the day and lasting 30 minutes to several hours. The infant appears to have abdominal pain and may draw up the legs. Colic is a normal sign of the immature regulation of behavior and bowel function, which is to be expected in the young infant. It sometimes seems to be relieved by holding the baby close to your body or by motion, such as walking or gentle rocking. Colic usually goes away by 3 months of age. Ordinary colic is not harmful to infants but can be extremely stressful to the parents' peace of mind. If colic persists, it should be evaluated by a physician.

CONSTIPATION or difficult, hard BM's is practically unknown in the breast fed infants who receive an adequate amount of milk. Constipation in the artificially fed infant may be due simply to an insufficient amount of food or fluid and is corrected by increasing the intake. However, if the baby is urinating sufficiently (a well soaked diaper at least every 3 to 4 hours), he is usually receiving sufficient milk, and there is no need to be concerned just because the stool is hard. From 3 months of age or so, you will probably be offering cereal and other foods gradually, and these will change the consistency of the BM. Enemas, suppositories and laxatives should not be used, without first consulting the pediatrician.

Straining with a bowel movement can be rather dramatic with the infant and upsetting to the mother. The baby will stretch, tighten up the abdominal muscles, and become red to purple in the face while having a bowel movement. The infant can only react with his whole body when he is in need; it will take time before he learns to coordinate the proper muscles for having a bowel movement. This is usually a normal process for the infant, but if you are somewhat apprehensive about this talk it over with the pediatrician at your baby's four week checkup.

LOOSE STOOLS are not to be mistaken for diarrhea. Briefly, in diarrhea the bowel movements are characteristically liquid and greenish or greenish-yellow, contain increasingly large amounts of

mucus, and at times are tinged with blood. Diarrhea is always associated with disease. If your infant becomes ill with diarrhea, notify a pediatrician or nurse clinician.

Loose bowel movements are normal in some instances. The bowel movements of a breast fed baby have a softer consistency than those of the artificially fed baby. From about the fourth to the sixth day of life the bowel movements go through a transitional stage and are rather loose and greenish-yellow and contain mucus; but within a few days the typical "milk stool" appears.

Loose bowel movements in the first two weeks or so of life with the artificially fed baby are very likely caused by overfeeding. Later, formulas which are too concentrated or whose sugar content is too high may be responsible for loose bowel movements.

DIAPER RASH is most often caused by urine or soiled diapers being left in contact with the infant's skin for relatively long periods of time. Also soap not completely rinsed out of diapers after laundering can cause the skin to become very irritated. Prevent diaper rash by cleansing the skin at each diaper change and by changing the baby's diapers often, especially in the middle of the night. Strong detergent soap should be avoided in washing diapers and the diapers should be rinsed thoroughly (about 3-4 times) and dried. If your baby should develop diaper rash, simple treatment consists of keeping the affected areas clean and dry. Bathe the affected areas with a mild soap, rinse thoroughly with warm water, and dry. Exposure of the buttocks to the air is helpful. Consult a pediatrician or nurse clinician if the rash does not improve.

HEAT RASH is a common disturbance of infants and is caused by excessive heat from the climate or use of excessive clothing. This can be prevented by not overheating the infant. Removal of clothing during periods of extreme heat, frequent bathing and the judicious use of an electric fan or air conditioning unit all help prevent heat rash. For simple treatment of rash a starch bath (½ pound lump laundry starch in a ¼ tub of lukewarm water) gives considerable relief.

INFECTED EYES or watering of the eyes can be cleansed with cooled boiled water and cotton. Wipe the eye with the moistened cotton from the inner corner of the eye to the outer corner so as not to infect the other eye. Never use boric acid or any other medication in the eyes without consulting the pediatrician. Consult physician or nurse clinician about your baby's eye condition.

CRADLE CAP is the common name for a type of seborrhea or dandruff. It starts out as fine white flakes on the infant's scalp. A fine red rash may be noted on the forehead and cheeks. As the condition progresses thin dry scales or thick greasy crust may develop on the scalp and face. The pediatrician will prescribe the treatment for your infant in event he develops this condition. Often cradle cap

can be prevented by washing the infant's scalp at least three times a week with a brush and whatever soap you normally use to bathe the infant.

CONCLUSION

You, as mothers and fathers, owe it to your children to provide love, security, and essential care. Your reward is the pleasure of watching your children grow and develop. Since mothers, fathers, babies, and home situations are constantly changing, and since no two babies are exactly alike, there can be no perfect way to raise children. That is, no child can be raised properly by simply following "the book". However, over the years, pediatricians and others specializing in both normal and abnormal development, have accumulated a great deal of useful experience. You will enjoy your baby more and make fewer mistakes if you study child development. Valuable books are:

Infants and Mothers — T. Berry Brazelton, M.D.
Baby Sense — Frances Burck
The Complete Book of Breastfeeding — M. Eiger and S. Olds
Feed Me! I'm Yours — Vicki Lansky
The Womanly Art of Breastfeeding — La Leche League
The First Twelve Months of Life — The Princeton Center
Baby and Child Care — Dr. Benjamin Spock

You may also wish to read:
Car Safety Restraints for Children — Consumer Reports, June 1977
This is the Way the Baby Rides — pamphlet, 40¢, from Physicians for Automotive Safety
P.O. Box 208
Rye, N.Y. 10580

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